

COMPARATIVE STUDY OF AYURVEDIC NIDANA OF PRATISHYAYA WITH
MODERN MEDICINEDr. Vijayant Bhardwaj^{*1}, Dr. Satish Sharma², Dr. Abha Singh³ and Dr. Chanda Chopra⁴¹Ph.D Sr. Lecturer R.G.G.P.G.A.C.Paprola (H.P.).²Ph.D Reader R.G.G.P.G.A.C. Paprola.³A.M.O Utrakhhand.⁴P.G Scholar.***Corresponding Author: Dr. Vijayant Bhardwaj**

Ph.D Sr. Lecturer R.G.G.P.G.A.C.Paprola (H.P.).

Article Received on 11/07/2017

Article Revised on 31/07/2017

Article Accepted on 21/08/2017

ABSTRACT

Ayurveda is a science that is completely based on its eternal and consistent principles and concepts. Even with the changing era these principles have stood their ground. The literature on some of these concepts shows significant similarity with the other oriental ancient texts. In fact for a detailed understanding of the principles propounded in the Ayurvedic texts, the Acharyas have also advised the study of these texts, but what if the principles and concepts elaborated in these texts are obscure and mystic. What if these concepts seem to be jaded with mythology giving them a very unscientific and illogical outlook? Could they still be considered worthy of studying to understand and explore the scientific aspect of Ayurvedic principles? One such concept that has been shrouded with myth and philosophy and is hardly applied and evaluated on a scientific basis is Nidana of Pratishyaya. The description of Nidana is found abundantly in the ancient oriental classics, specifically the Charaka, Sushruta and Vagbhata. However with the exception of Ayurveda, its description in the other texts seems to more philosophical. A detailed analysis of these descriptions, however, leaves a lingering thought that there could be a strong scientific indication behind this mask of mythology.

KEYWORDS: Nidana, Pratishyaya, Classics.

INTRODUCTION

There are many concepts in Ayurveda as well as the ancient sciences that are untouched or unexplored. One such concept is the Nidana of Pratishyaya. It makes it difficult to be explained and understood; probably because of this the descriptions related to Nidana of Pratishyaya in the Ayurvedic classics are supported by mythology, to make them acceptable. Variations in these explanations are seen according to the objective of the school of thought; that is, in the ancient texts where Nidana of Pratishyaya are used to delve into the knowledge of Ayurveda. Although all these explanations seem to be shrouded in uncertainty and mythology; there definitely seems to be a logical and rational science behind these quotations. They only need research, investigation and explanation on the basis of logic and a laboratory.

AIMS AND OBJECTIVES

For compilation of the description of Nidana of Pratishyaya in the classics and an indepth evaluation in modern prespective.

MATERIALS AND METHODS

Classical texts of Ayurveda and the Indian sciences were scanned for references regarding Nidanas of Pratishyaya. These references were compiled, analysed and discussed for a thorough and indepth understanding of the concept of Nidanas.

CONCEPTUAL REVIEW

संधारणाजीर्ण रजोऽतिभाष्यक्रोध ऋतु वैषम्य शिरोभितापैः ।
प्रजागरऽतिस्वप्नाम्बुशीतैरवश्याय मैथुनवाष्पधूमैः ॥
संस्त्यानदोषै शिरसि प्रवृद्धो वायुः प्रतिश्यायम् उदीरयेत् तु ॥^[1]
(च. चि. 26 / 104)

नारीप्रसंगः शिरसोऽभितापो धूली रजः शीतनऽतिप्रतापः ।
सन्धारणं मूत्रपुरीषयोच्च सद्यः प्रतिश्याय निदानमुक्तम् ॥^[2]
(सु.उ.24 / 3)

अवश्यायऽनिलरजो भाष्यति स्वप्न प्रजागरैः ।
नीचात्युच्चोपधानेन पीतेनान्येन वारिणा ।
अत्युम्बुपानरमणच्छर्दिवाष्पग्रहदिभिः ।
क्रुद्धा वातोत्वणादोषानासायां स्त्यानतां गताः ।
जनयन्ति प्रतिश्यायं वर्धमानं क्षयप्रदम् ॥^[3]
(अ.ह.19 / 2)

Ajeerana: Autonomic stimulation from a full stomach may cause inferior turbinate hypertrophy.^[4] Non allergic rhinitis may occur when a person eats especially after eating hot or spicy foods.^[5]

Mandagani: The lowering of resistance by indigestion, under-nutrition & deficiencies in vitamins A, C & D are said to increase susceptibility to infection.^[6]

Vishamashana: Adverse reactions to foods and food additives are divided into hypersensitivity reactions which occurs rarely immediately after ingestion of even a small amount of substance; in contrast, non-hypersensitivity reactions may occur in any individual due to contamination, poisoning pharmacological reactions or metabolic phenomena. The allergens which most often give rise to an IgE mediated reaction in children are milk, egg and cheese; in adults cod fish, shellfish, wheat, soy, peanut, hazelnut, apple citrus fruits and kiwi.^[7]

Guru Madhur Dravya Sevan: has been postulated, but analysis of polyps has shown to be oedematous with little alteration in the collagen. Endocrinal or metabolic factors e.g. hypothyroidism, excessive intake of carbohydrates, lack of exercise causes chronic simple rhinitis.^[8]

Hima or Sheeta sevana: If the nose is exposed to cold air the nose gets partially obstructed reflexly to provide better air conditioning of inhaled air & to warm it.^[9]

Ati sheetaambu paana: Ingestion of cold drinks cold food may directly cause infection or lower the resistance by vasoconstriction.^[10]

Vega sanshaman: Causes non-allergic rhinitis in which transient changes in vascular tone and permeability are brought on by such stimuli as due to imbalance in autonomic nervous system which regulate the erectile tissue of nose.^[11]

Diwa sawapana and Ratri jagarana: when we don't get enough sleep or get excessive sleep, the part of the brain behind our foreheads that controls our thoughts, behaviours and emotions (the prefrontal lobe) doesn't function efficiently causing profound effect on our psychological and emotional well being, disturb the A.N.S.^[12]

Ati bhashya: Faulty voice production is less often realized but an important cause of ch. Pharyngitis. Excessive use of voice or faulty voice production seen in certain professionals or in pharyngeal neurosis where person resorts to constant throat clearing hawking or snorting & throat may cause ch. Pharyngitis especially of hypertrophic variety which pushes the infection into nose & ears.^[13]

Avashyaya: Atmospheric air can affect the skin temperature, which reflexly alters the nasal mucosal blood flow as part of the thermoregulatory mechanism. Cool air can cause congestion and increase respiration resistance.^[14]

Ati maithuna: Autonomic stimulation from excessive sexual activity may cause inferior turbinate hypertrophy. Ati maithuna (Honeymoon rhinitis), usually follows sexual excitement leading to nasal stuffiness.^[15] Hormonal changes due to pregnancy, menstruation, oral contraceptive pills and hypothyroidism can cause non allergic rhinitis.^[16]

Raja: Allergic rhinitis is most commonly due to allergy to grass pollen.^[17] The commonest grass is rye. The majority of grasses flower in the early morning when pollen grains become airborne, rise on hot air currents only to fall in the evening and at night when pollen counts at ground level are at their highest. Other allergens includes domestic pets e.g. cats dogs etc. Pollen counts are increased by warm dry clean conditions and fall during un-seasonal cold or wet periods, weed pollens including nettle, dock and mug wort flower in late summer. Fungi spore in late summer and autumn. Tree pollens e.g. birch, hazel, plane tree, ash and pine.^[18]

Dhuma: Nasal hyper reactivity refers to a heightened sensitivity of the nasal mucosa to irritants. Typical irritants includes perfumes, tobacco smoke, traffic fumes domestic sprays, bleach, smoke, industrial toxins, chrome plates & painters. Change in ventilation cause changes in nasal resistance to air flow probably by the effects of carbon dioxide on the arterial chemo-receptors. An increase in arterial carbon-dioxide due to re-breathing or asphyxia causes nasal vasoconstriction and a reduction in nasal resistance and a reduction in arterial carbon-dioxide due to hyperventilation cause nasal vasodilatation and an increase in nasal resistance to air flow.^[19]

Shirobhitapa: Birth trauma may divide the septum. External injuries may cause fracture dislocation of nasal septum. The nose is the most commonly damaged facial structure due to its prominent position and it is almost inevitable that injury will be sustained at some time usually childhood and commonly as an adult domestic injury and sports are the commonest childhood causes. Violence and contact sports are the usual adult aetiology. C.S.F. rhinorrhoea may follow nasal injury.^[20]

Vashapa nigrahana: Nose may react to several emotional stimuli. Psychological states like anxiety, tension, hostility humiliation, resentment & grief are all known to cause rhinitis. This factor is more likely in case of V.M.R.^[21]

Dhuli: Exogenous inhalant e.g. house dust dry dusty environment. House dust mites are the dominant allergens in house dust. Mites are more abundant in

humid homes. In temperate climates, the number of house dust mite's increases during the humid late summer months.^[22]

Nyachyatiuccha upadhana: Change in posture can cause marked changes in nasal resistance due to changes in jugular venous pressure and reflex changes in sympathetic tone the nose. The change from erect to supine posture causes an increase in total nasal resistance to air flow which may be explained by an increase in jugular venous pressure.^[23]

Chhardi nigarahana: Food particle can enter the nose through posterior choana during an attack of vomiting when we suppress the urge to come out from mouth which causes inflammatory reaction in nose.^[24]

Ritu vaishamya: Climatic change in humidity, temperature & atmosphere may make the nose to swell & more susceptible to allergy causing a runny or stuffy nose. Warming or cooling of skin surface can induce reflex changes in nasal mucosal blood flow and there are several detailed studies on this area which indicate that the nasal mucosa responds in the same way as the skin. Inhalation cold air causes nasal congestion but with a wide variation in response between subjects.^[25]

Karodha: Emotional & psychological response like anger fatigue and anxiety causes non-allergic rhinitis in which transient changes in vascular tone and permeability are brought on by such stimuli as due to imbalance in autonomic nervous system. The A.N.S. reacts inappropriately when irritated and nose becomes stuffy or runny.^[26]

Atapa: Dry & hot environment promotes drying of the nasal secretions & this leads to rhinitis sicca.^[27]

Ati jalakarida: By excessive swimming & diving infected water can enter the sinuses through their ostia. High content of chlorine gas in swimming pools can also set up chemical inflammation. Contaminated water can also cause infection in nasal cavity.^[28]

Alcohol: Drinking alcoholic beverages such as beer or wine may cause the membrane inside nose to swell leading to nasal congestion.^[29]

CONCLUSIONS

The description of Nidana of Pratishyaya in ancient texts is elaborately explained in the Ayurvedic classics and reflects an in-depth and methodical study. Although this literature in the ancient classics was written thousands of years ago, it seems to be scientific in explanation even when compared to modern science, if analysed and interpreted in depth. Some of the conclusions derived by the Acharyas in relation to Nidana of Pratishyaya seem to be derived from the analysis of physiology and pathology or a mass survey. The descriptions are given a mythological presentation only to be easily accepted by

people of all intellectual gradients. Further in-depth evaluation of these descriptions could open more doors to understanding of the physiology pathology and the utility of Nidana of Pratishyaya.

REFERENCES

1. Pt. Kashinathshastri and Dr. Gorakhanathchaturvedi, CharakaSamhita of charaka with Vidyostini Hindi Commentary, Chikitsasthana, Reprint edition; 2013 chapter 26 versus 104 Varanasi: Chaukhambhabharati academy, 2013; 736.
2. AmbikadattShastri, SushrutaSamhita of Sushruta with Ayurveda TatvaSandipika Hindi Commentary, UttarTantra Reprint edition chapter 24 versus 3, Varanasi: Chaukhambha Sanskrit Sansthana, 2016; 152.
3. Kaviraja Atrideva Gupta, Astanga Hridya of Vagbhata, "Vidyotini" Hindi Commentary, edited by VaidyaYadunandanaUpadhyaya, Uttar Tantra Reprint edition Chapter19 Versus2, Varanasi: Chaukhambha Sanskrit Bhawan, 2009; 701.
4. Text book of ENT and Head and neck surgery by P. Hazarika, Third Edition, Reprint Edition, 2014; 33: 315.
5. Diseases of Ear, Nose and Throat by - P.L. Dhingra Assisted by Deeksha Dhingra 6th Edition Chapter, 31: 171.
6. Diseases of Ear, Nose and Throat by - P.L. Dhingra Assisted by Deeksha Dhingra 6th Edition Chapter, 27: 153.
7. Scott-Brown's Otorhinolaryngology, Head and Neck Surgery 7th edition Lead editor: Michael Gleeson, 2: 112-1424.
8. Diseases of Ear, Nose and Throat by - P.L. Dhingra Assisted by Deeksha Dhingra 6th Edition Chapter, 27: 153.
9. Cummings Otolaryngology Head and Neck Surgery Edited by-Paul W. Flint 5th Edition Chapter, 40: 618.
10. Cummings Otolaryngology Head and Neck Surgery Edited by-Paul W. Flint 5th Edition Chapter, 40: 618.
11. Diseases of Ear, Nose and Throat by - P.L. Dhingra Assisted by Deeksha Dhingra 6th Edition Chapter, 31: 170,
12. www. Med Link. Com.
13. Diseases of Ear, Nose and Throat by - P.L. Dhingra Assisted by Deeksha Dhingra 6th Edition Chapter 50: 253.
14. A short textbook of E.N.T. disease by K.B.Bhargava, S. K. Bhargava, T.Shah 9th edition, Reprint. 2011; 26: 166.
15. Diseases of Ear, Nose and Throat by - P.L. Dhingra Assisted by Deeksha Dhingra 6th Edition Chapter 31: 171.
16. Scott-Brown's Otorhinolaryngology, Head and Neck Surgery 7th edition Lead editor: Michael Gleeson, 2: 110-1409.
17. Text book of ENT and Head and neck surgery by P. Hazarika, Third Edition, Reprint Edition, 2014; 34: 317.

18. Scott-Brown's Otorhinolaryngology, Head and Neck Surgery 7th edition Lead editor: Michael Gleeson 2: 109-1388.
19. Scott-Brown's Otorhinolaryngology, Head and Neck Surgery 7th edition Lead editor: Michael Gleeson, 2: 113-1417
20. Diseases of Ear, Nose and Throat by - P.L. Dhingra Assisted by Deeksha Dhingra 6th Edition Chapter, 34: 183.
21. Diseases of Ear, Nose and Throat by - P.L. Dhingra Assisted by Deeksha Dhingra 6th Edition Chapter, 31: 171.
22. Diseases of Ear, Nose and Throat by - P.L. Dhingra Assisted by Deeksha Dhingra 6th Edition Chapter, 30: 166.
23. Scott-Brown's Otorhinolaryngology, Head and Neck Surgery 6th edition Lead editor: Buttlemen Hensen, 4: 4.
24. www.quora.com.
25. A short textbook of E.N.T. disease by K. B. Bhargava, S.K. Bhargava, T.Shah 9th edition, Reprint, 2011; 26-166.
26. Diseases of Ear, Nose and Throat by - P.L. Dhingra Assisted by Deeksha Dhingra 6th Edition Chapter, 31: 171.
27. A short textbook of E.N.T. disease by K. B. Bhargava, S. K. Bhargava, T. Shah 9th edition, Reprint, 2011; 25-161
28. Diseases of Ear, Nose and Throat by - P.L. Dhingra Assisted by Deeksha Dhingra 6th Edition Chapter, 36: 191.
29. A short textbook of E.N.T. disease by K. B. Bhargava, S. K. Bhargava, T. Shah 9th edition, Reprint, 2011; 25-157.